Performance & Development Solutions (PDS) Achievement Certificate

(PLEASE PRINT)

Name:			SS #:	
Last		irst		
Department:				
E-Mail:			Work Phone:	
Completion of the PDS Achievement Certific with the exception of courses that are require date to complete the program. Core course completion of the certificate. (Exception: Coprovide the AMS certificate completion date by	ed for other of s taken with ore courses	certificates. Pa hin six months	rticipants have three years from the enr of the enrollment confirmation date car	collment confirmation to be counted toward
Record Of Completion				
Core Courses	<u>Course</u> <u>Number</u>	<u>Date</u> <u>Taken</u>	Elective Courses	<u>Date</u> <u>Taken</u>
Achieving Communication Effectiveness (ACE)	GI 077 _	1)	
Customer Service	QM 002	2	2)	
Business and Organizational Ethics	SC 240 _	3	3)	
Human Relations Skills	SC 203 _		l)	
		Ę	5)	
		6	5)	
If applicable indicate AMS certificate completion date://				
The following signatures indicate awareness of this application and support for completion of this certificate program within three (3) years.				
Employee Signature	Date	Depai	rtment Director Signature	Date
Supervisor Signature	Date	Traini	ing Liaison Signature (State Employee Only)	Date
Please return the completed form to:				
State Employees: Your agency's Training Non-State Employees: PDS Training, DAS-HRI		242-6450, Phone	e: (515) 281-5456	
For PDS Use Only: Confirmed: Courses Certificate Sent:	s Valid Since:		Completion Date By:	-